Name in Full: Caroline Berry

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: New Indianola — County: Queen Anne

Date of death: 1904 — Month: Nov. — Day: 6th

Age: Years: 55 — Months — Days

Sex: Female — Color or Race: Black — Birthplace: Queen Anne Co.

Occupation: Keeps House — Where Residing if not at place of death: Place of death

Married, Single or Widowed: Widowed — Name of Wife or Husband: Thomas Berry

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Don't Know — Father's Birthplace: Don't Know

Mother's Maiden Name: Don't Know — Mother's Birthplace: Don't Know.

Name of person giving Information: Sarah Berry — How related to deceased: Daughter

20

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Nephritis & Endocarditis — How long: Don't Know

Immediate: Uraemia — How long: Two weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. Adams

Address: Queenstown, Md.

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full Alexander Bordley

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Star — County: Queen Anne

Date of death 190 4 — Month: Nov — Day: 3 — Years: **Age** — Months: 10 — Days: 27

Sex: Male — Color or Race: Colored — Birthplace: Star, Md.

Occupation — Where Residing if not at place of death

Married, Single or Widowed: Single — Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Bordley — Father's Birthplace: Wyetville, Md

Mother's Maiden Name: Laura Clark — Mother's Birthplace: Kent Co. Md

Name of person giving Information: John Bordley — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Whooping-cough — How long: 4 weeks

Immediate: Bronco-pneumonia — How long: 1 day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Walter H. Feely

Address: Ruthsburg Md

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Elsie Burt

CERTIFICATE OF DEATH

MARYLAND

Died at: Near Templeville — Town — County: D. K. Co.

Date of death: 1904 — Month: Nov — Day: 27 — Age: Years 14 — Months 11 — Days -

Sex: Female — Color or Race: Black — Birthplace: D. K. Co.

Occupation: Housework — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband: None

Father's Name: Robt. Burt — Father's Birthplace: Md.

Mother's Maiden Name: Lizzie Bromley — Mother's Birthplace: D. K. Co.

Name of person giving information: Lizzie Johnson — How related to deceased: Mother

38

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia (Grippe) — How long: 4 days

Immediate: Coma — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. W. B. Rowe M.D.

Address: Templeville Md.

Accident ~~or Suicide~~?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88816

Name in Full: Mrs Laura Spencer Emory

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Centreville; County: Queen Anne

Date of death: Month: 11; Day: 20; 1904

Age: Years: 56; Months: 10; Days: 1

Sex: Female

Color or Race: white

Birthplace: Kent Co Md

Occupation: Lady

Where Residing if not at place of death: At place of death

Married, Single or Widowed: married

Name of Husband: Addison Emory

Father's Name: Geo. H. Spencer

Father's Birthplace: Kent Co. Md

Mother's Maiden Name: Margaret Ringgold

Mother's Birthplace: Kent Co. Md

Name of person giving In formation: Addison Emory

How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Arterio-Sclerosis — How long: 8 yrs

Immediate: Cerebral Hemorrhage — How long: 21 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. M. Corkran M.D.

Address: Centreville Md

Accident or Suicide? no

LIBRARY BUREAU A88016

Name In Full

Certificate of Death

Francis Ann Goodman

Died at Town: Fords Store County: Queen Annes MARYLAND

Date 1904 Month: Nov Day: 2 | Age Y.: 65 M.: x D.: x | Native of: Md | Occupation:

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | ~~Divorced~~ | Number of children living 7

~~Husband~~ Wife of William Goodman

Father's Name Geo Miles | Mother's Maiden Name Miles

Cause of Death: Primary Typhoid fever | How long sick 5 Weeks

Immediate Exhaustion | ~~Accident, Suicide, Homicide~~

Reported by Dr Geo W Gregory

Address Fords Store Queen annes Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY OF CAL. 70808

Name in Full: Agnus Jones

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ruthsburg; County: Queen Anne

Date of death: Month: Nov; Day: 8; 1904

Age: Years: 37; Months; Days

Sex: Female

Color or Race: Colored

Birthplace: Queen Anne Md

Occupation: Cook

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband: Garrison Jones

Father's Name: James Smith

Father's Birthplace:

Mother's Maiden Name: Lizzie Smith

Mother's Birthplace: Denton Md

Name of person giving Information: Lizzie Smith Chambers

How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Consumption — How long: 1 year and 8 weeks

Immediate: Exanstion — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Walter L. Fenby

Address: Ruthsburg, Md.

Accident or Suicide?

LIBRARY BUREAU A58816

Name in Full: Ethyl L. Morton

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Church Hill; County: Queen Anne's

TO BE ANSWERED BY NEAREST FRIEND

Date of death	Month	Day	Age: Years	Months	Days
1904	Nov	1st	11	11	27

Sex	Color or Race	Birthplace
Female	Black	Kent Co. Md

Occupation: —

Where Residing if not at place of death: 4th floor of death

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name	Albert Morton	Father's Birthplace	Va
Mother's Maiden Name	May Morgan	Mother's Birthplace	Md
Name of person giving information	Albert Morton	How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	Tuberculosis	How long	8 months
Immediate	asthenia	How long	5 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. L. Coppage

Address: Church Hill Md

Accident or Suicide?

LIBRARY BUREAU A83516

Name in Full: Mary Pinder

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ruthsburg; County: Queen Anne

Date of death: 1904; Month: Nov.; Day: 6; Age: Years: 59; Months; Days

Sex: Female; Color or Race: Colored; Birthplace: Caroline Co. Md.

Occupation: House wife; Where Residing if not at place of death:

Married, Single or Widowed: Widow; Name of Wife or Husband: Ned Pinder

Father's Name: Not known; Father's Birthplace:

Mother's ~~Maiden~~ Name: Alexine Green; Mother's Birthplace: Caroline Co. Md.

Name of person giving Information: Florence Pinder; How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Malaria Fever; How long: Two days

Immediate: Heart Failure; How long: Instantaneous

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Walter H. Fenby

Address: Ruthsburg, Md.

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: William L Reed

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Church Hill — County: Queen Anne's

Date of death 190 4 — Month: Nov — Day: 27 — Age: 68 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace:

Occupation: Contractor — Where Residing if not at place of death: Church Hill

Married, Single or Widowed: Married — Name of Wife or Husband: Rebecca Sudler

Father's Name: Edward Reed — Father's Birthplace: —

Mother's Maiden Name: Naomi Bolton — Mother's Birthplace: —

Name of person giving Information: Rebecca Reed — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Phthisis Pulmonalis, Heart & Kidneys Complicating & — How long: For several years — However 8 mos.

Immediate: Asthenia — — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. H. G. Medders

Address: Church Hill, Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Emma Rochester

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: New Church Hill — County: Kent Co.

Date of death 190X: Month: Mar — Day: 27 — Age: Years: 42 — Months: 5 — Days: 13

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: Housewife — Where Residing if not at place of death: New Church Hill

Married, Single or Widowed: Married — Name of Wife or Husband: Jno McC Rochester

Father's Name: James N Merrick — Father's Birthplace: Maryland

Mother's Maiden Name: Kate Chambers — Mother's Birthplace: Maryland

Name of person giving information: Jno McC Rochester — How related to deceased: Husband

93

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia and Heart weak — How long: 4 days 4 hours.

Immediate: Pneumonia " " " — How long: 4 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H Bruce Simmons

Address: Chestertown Md

Accident or Suicide? No

LIBRARY BUREAU A88816

Name in Full: William H Rochester

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cheltenham — County: Prince George's

Date of death 1904 — Month: 11 — Day: 13 — Age: Years: — Months: 7 — Days:

Sex: male — Color or Race: Colored — Birthplace: Anglesea

Occupation: — Where Residing If not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Alfred Rochester — Father's Birthplace: Anglesea

Mother's Maiden Name: Lettie Cuff — Mother's Birthplace:

Name of person giving In formation: Alfred Rochester — How related to deceased: Father

CAUSES OF DEATH

Primary: Thrush — How long: about all of his life

Immediate: — How long:

Are the name, age, sex, color. date and place correctly given above? yes

Signature of Physician: W S Dickson M.D.

Address: Bowie Md

Accident or Suicide:

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

LIBRARY BUREAU A88816

Name in Full: Alberta Rozier

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Centreville; County: Queen Anne

Date of death: Month: Nov. Day: 17 1904

Age: Years: — Months: 6 Days:

Sex: Female

Color or Race: Black

Birthplace: Centreville

Occupation:

Where Residing if not at place of death: Centreville

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: John Rozier

Father's Birthplace: Centreville

Mother's Maiden Name: Siggie Bowser

Mother's Birthplace: Centreville

Name of person giving information: John Rozier

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Do'nt know

How long: 3 weeks

Immediate: " "

How long: 3 "

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: None

Jos. G. Dacera

Address: Centreville

Accident or Suicide? F. D.

Md

LIBRARY BUREAU A8861

Name in Full: Ermone Scott

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mpls Park — County: Anne

Date of death	Month	Day	Years	Months	Days
1904	11	16	Age 20	8	

Sex: Female — Color or Race: Black — Birthplace: Dorchester

Occupation: — — Where Residing if not at place of death: " "

Married, Single or Widowed: — — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Unknown — Father's Birthplace: —

Mother's Maiden Name: Fanny Scott — Mother's Birthplace: Prince Geo

Name of person giving In formation: Ermone Scott — How related to deceased: Uncle

CAUSES OF DEATH

Primary: Child Birth — How long: 2 Days

Immediate: Blood Poison — How long: 2 Days

PHYSICIAN OR CORONER

Are the name, age, sex, color. date and place correctly given above?

Signature of Physician: W. H. McCormick

Address: Annandale Anne

Accident or Suicide?

LIBRARY BUREAU A88318

Name in Full: Louis Claycum Stansbury

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Barclay — County: Queen Anne

Date of death: 1904 — Month: Nov. — Day: 29 — Years: — — Months: 2 — Days: 17

Sex: Male — Color or Race: colored — Birthplace: Barclay

Occupation: — — Where Residing if not at place of death:

Married, Single or Widowed — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: William E. Stansbury — Father's Birthplace: Barclay.

Mother's Maiden Name: Mary Isabelle Watkins — Mother's Birthplace: "

Name of person giving Information: William E. Stansbury — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate: Convulsions - Statement of Father — How long: 1 week

Are the name, age, sex, color, date and place correctly given above? I think so

Signature of Physician: G. W. Simmons.

Address: Sudlersville Md.

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Still born Thomas

CERTIFICATE OF DEATH

MARYLAND

Died at Ralphs (Town) Queen Anns (County)

Date of death 1904 Nov 16

Age — Years — Months — Days

Sex Male

Color or Race Black

Birthplace Ralphs

Occupation —

Where Residing if not at place of death —

~~Married~~, Single or ~~Widowed~~ Single

Name of Wife or Husband —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name Wm Henry Thomas

Father's Birthplace Q. A. Co. Md

Mother's Maiden Name Sophie Jones

Mother's Birthplace Del.

Name of person giving Imformation Wm Henry Thomas

How related to deceased Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Still born

How long —

Immediate —

How long —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Wm G. Coppage

Address Church Hill Md

~~Accident~~ or ~~Suicide~~?

LIBRARY BUREAU A88016

Name in Full: Joseph Barnard Walden

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Centreville; County: Queen Anne

Date of death: 1904 Month: 11 Day: 8

Age: Years — Months: 2 Days: 14

Sex: Boy

Color or Race: White

Birthplace: Queen Anne Co

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Dominic Walden

Father's Birthplace: England

Mother's Maiden Name: Rosie Dorland

Mother's Birthplace: Talbot Co

Name of person giving information: Dominic Walden

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Whooping Cough 8

How long: 2 weeks

Immediate: Cerebral Congestion

How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. Norman MD

Address: Centreville Md

Accident or Suicide? no

LIBRARY BUREAU A6881G

Name in Full: Eliza J Wiles

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Church Hill — County: Queen Anne's Co

Date of death: Month: Nov — Day: 28- — Year: 1904

Age: Years: 21- — Months: 7- — Days:

Sex: Female — Color or Race: Colored — Birthplace: Queen Anne's Co

Occupation: Housewife — Where Residing if not at place of death: Church Hill

Married, Single or Widowed: Married — Name of Wife or Husband: Wm J. Wiles

Father's Name: Thomas H Wright — Father's Birthplace: Queen Anne's Co

Mother's Maiden Name: Sarah K. Wright — Mother's Birthplace: Queen Anne's Co

Name of person giving Information: Sarah K Wright — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Nephritis Chronic Interstitial — How long: 12 days

Immediate: Coma — How long: Several days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J.H. Wallerson

Address: Church Hill Md

Accident or Suicide?

1205

LIBRARY BUREAU A88816

Name in Full: Bennie Wilson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Perry corner — County: Queen.

Date of death: Month: Nov — Day: 1 — Age: Years: — Months: — Days: 8

Sex: Male — Color or Race: Collard — Birthplace:

Occupation: — Where Residing if not at place of death:

~~Married, Single or Widowed~~ — ~~Name of Wife or Husband~~

Father's Name: Sam Wilson — Father's Birthplace: Queen Anns

Mother's Maiden Name: Mazzie Carter — Mother's Birthplace: Queen Anns

Name of person giving Information: Sam Wilson — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: bad cold — How long: 8 days

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Mary Bowser

Address: Winchester Md

Accident or Suicide?

LIBRARY BUREAU A62518

Name in Full: Gades Cornelius Wilson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Star; County: Queen Anne

Date of death: 1904 Month: Nov Day: 3

Age: Years: — Months: — Days: 28

Sex: Girl

Color or Race: Colored

Birthplace: Star

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Geo. Wilson

Father's Birthplace: Star Md.

Mother's Maiden Name: Amanda Thomas

Mother's Birthplace: Star Md.

Name of person giving Information: Issac Smith

How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Whooping cough

How long: two week

Immediate: Convulsions

How long: 18 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Walter L Fenby

Address: Ruthsburg Md

Accident or Suicide?

LIBRARY BUREAU A66616